

COMPLETE AT HOME

OMB #: 0925-0406
Expiration Date: 08/31/96

Agricultural Health Study

Female and Family Health Section

[CODED MANUAL]



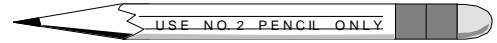
Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: PHS Reports Clearance Officer, Rm 721-B, Humphrey Building, 200 Independence Ave., SW, Washington, D.C. 20201, ATTN: PRA; and to Office of Management and Budget, Paperwork Reduction Project (0925-0406), Washington, D.C. 20503.

Please return this questionnaire in the next two weeks in the envelope provided.

Problems or questions? Call 1-800-4AG-STUDY.

DIRECTIONS

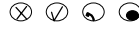
C Please use a pencil to complete this form.



C Many of the questions will ask you to estimate amounts or to specify a year. We know that you cannot be exact with many of these. We ask that you estimate as best you can when you are not sure.

C Be certain to write your answer in the area provided **and also** completely fill the matching ovals. Erase completely if you make any changes.

The following kinds of marks **will NOT** work:



The following kind of marks will work:



C Mark **only one** answer to each question except where you are directed to “Mark all that apply.” Do not make any other marks on this form. If you wish to make comments, please write them under the heading “Additional Comments” at the end of the form.

EXAMPLE: To record the response “July 4, 1993:”

Month

- Jan
- Feb
- Mar
- Apr
- May
- Jun
- Jul
- Aug
- Sep
- Oct
- Nov
- Dec

Day

- 10
- 20
- 30
- 1
- 11
- 21
- 31
- 2
- 12
- 22
- 3
- 13
- 23
- 4
- 14
- 24
- 5
- 15
- 25
- 6
- 16
- 26
- 7
- 17
- 27
- 8
- 18
- 28
- 9
- 19
- 29

Write the numbers in boxes.

Then fill in the matching ovals below each box.

Year

19

9	3
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input checked="" type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input checked="" type="radio"/> 9	<input type="radio"/> 9

BEGIN HERE

I. Reproductive History

1. At what age did you start having menstrual periods?

[wbegper]

- Less than 12
- 12
- 13
- 14
- 15 or older

2. Have you *ever* taken birth control pills for any reason?

[wbc pills]

- No [GO TO QUESTION 6]
- Yes

3. How old were you when you first began taking birth control pills?

[wagepill]

Years

--	--

○ 0 ○ 0
○ 1 ○ 1
○ 2 ○ 2
○ 3 ○ 3
○ 4 ○ 4
○ 5 ○ 5
 ○ 6
 ○ 7
 ○ 8
 ○ 9

Write the numbers in
» the boxes

Then fill in the
» matching ovals below
each box

4. Are you currently taking birth control pills?

[wpillnow]

- No Yes

5. Not counting any time when you stopped, for how many years altogether did you take or use birth control pills?

[wyrspill]

(Mark appropriate answer)

- None
 Less than 1 year
 1–3 years
 4–5 years
 6–10 years
 11–15 years
 16 or more years

6. Have you gone through menopause (the change of life) or had surgery that caused you to completely stop having menstrual periods?

[wmenopau]

- No [GO TO QUESTION 14] Yes Not Sure [GO TO QUESTION 14]

7. At what age did you have your last menstrual period?

[waglstpe]

Years

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○ 0 ○ 0
○ 1 ○ 1
○ 2 ○ 2
○ 3 ○ 3
○ 4 ○ 4
○ 5 ○ 5
 ○ 6
 ○ 7
 ○ 8
 ○ 9

Write the numbers in
» the boxes

Then fill in the
» matching ovals below
each box

8. What type of menopause did you have?

[wtypemen]

- Natural menopause
 Hysterectomy with uterus and both ovaries removed
 Hysterectomy with uterus and one or neither ovary removed
 Only ovaries removed
 Surgery, but not sure what type
 Other

9. **Have you ever taken hormones/estrogen, such as Premarin, for symptoms or conditions related to menopause (to treat hot flashes, to prevent bone loss, or for the change of life)?** *(Include pills and skin patches.)* [whormone]
 No [GO TO QUESTION 24] Yes
10. **How old were you when you first used hormones/estrogen for symptoms or conditions related to menopause?** [wagehorm]
 Years

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 Write the numbers in
 » the boxes
 Then fill in the
 » matching ovals below
 each box

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
11. **Are you currently taking hormones/estrogen for symptoms or conditions related to menopause?** [wnowhorm]
 No Yes
12. **How many years altogether did you take hormones/estrogen for symptoms or conditions associated with menopause?** *(Do not count any time when you stopped.)* [wyrshorm]
 None 6–10 years
 Less than 1 year 11–15 years
 1–3 years 16 or more years
 4–5 years
13. **Have you ever taken oral progestins (such as Provera) in combination with estrogens for symptoms or conditions related to menopause?** [wprogest]
 No [GO TO QUESTION 24]
 Yes [GO TO QUESTION 24]
14. **Are you currently breast-feeding or pregnant?** [wpregbf]
 No Yes [GO TO QUESTION 25]
15. **Many women have their periods (menstrual bleeding) about once a month. Some women have their periods more often and others less often. How often are your menstrual periods? In other words, how many days are there from the first day of one menstrual period to the first day of the next period?** [wmpredper]
 24 days or less
 25–30 days
 31–35 days
 36–42 days
 43 days or more
 Too irregular to say
16. **Can you predict the onset of your period within 4 days by using the calendar***(without using premenstrual symptom you may have)?* [wpredper]
 No Yes Not Sure
17. **During the past 12 months, did you ever go for 6 weeks or more without a menstrual period?** *(Do not count times when you were pregnant, breast feeding, or using birth control pills.)* [wnoperd]
 No [GO TO QUESTION 19] Yes

18. In what season(s) did this occur? (Mark all that apply)
- Summer [wseasnp1] Winter [wseasnp3]
 Fall [wseasnp2] Spring [wseasnp4]
19. During the past 12 months did you ever bleed or spot between menstrual periods? (Do not count spotting at the beginning or end of your period.) [wbleed]
- No [GO TO QUESTION 21] Yes
20. In what season(s) did this occur? (Mark all that apply)
- Summer [wseasbl1] Winter [wseasbl3]
 Fall [wseasbl2] Spring [wseasbl4]
21. Some couples use birth control methods to plan the number of children they have. Such methods would include:
- No sexual relations
 - Condoms, diaphragm, sponge, foam, jelly, or suppository
 - IUD
 - Pill
 - Rhythm or natural family planning (no sexual relations except during safe days by calendar, temperature, or cervical mucus)
 - Sterilization operation (tubal ligation or vasectomy)
 - Withdrawal, pulling out
- Are you and your partner now using any method to avoid pregnancy? [wusebcon]
- No Yes [GO TO QUESTION 24]
22. Please read all of the following choices. Which best describes your reason for not using a method of birth control at this time? [wwhynot]
- I am trying to become pregnant
 - I'm not really trying to become pregnant, but it's OK if I do
 - I don't think I can become pregnant
 - I stopped one method of birth control and haven't started another
 - I just don't use birth control methods
 - Not sexually active
 - Other
23. When was the last time you used a method to prevent pregnancy (birth control)? [wlstuse]
- Have not used birth control
 - This month
 - Last month
 - 2–5 months ago
 - 6–12 months ago
 - More than 12 months ago

II. Pregnancy History

24. Have you ever been pregnant? [wevrpreg]
- Yes
 - No, but tried for more than 1 year to become pregnant (that is, did not use birth control for more than one year and never got pregnant) [GO TO QUESTION 79 ON PAGE 15]
 - No, never tried to become pregnant, or tried for less than 1 year [GO TO QUESTION 79 ON PAGE 15]

25. Are you now pregnant?

- No [GO TO QUESTION 27] Yes Don't know [GO TO QUESTION 27]

[wnowpreg]

26. If yes, in what month are you due/expecting?

- Jan Jul
 Feb Aug
 Mar Sept
 Apr Oct
 May Nov
 Jun Dec

[wmodue]

27. How many times have you been pregnant? (Count all pregnancies, including your current pregnancy, if applicable, tubals, and those ending in miscarriage or abortion.)

[wnumpreg]

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Write the numbers in
» the boxes

- 0 0
 1 1
 2 2
 3 3
 4 4
 5 5
 6
 7
 8
 9

Then fill in the
» matching ovals below
each box

28. Did any of your pregnancies take more than one year to conceive? That is, did you have unprotected intercourse (no birth control) for more than a year before getting pregnant?

[w1yrplus]

- No Yes

29. Have you tried for more than a year to become pregnant again since your last pregnancy?

[wtryagin]

- No Yes

30. Have you ever taken fertility drugs to help you become pregnant, like Clomid, Perganol, HCG and Perganol, Lupron or Metrodin?

[wfertil]

- No Yes

31. How many live born children have you had? (Count twins as two children, triplets as three, etc.)

[wlivkids]

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Write the numbers in
» the boxes

- 0 0
 1 1
 2 2
 3 3
 4 4
 5 5
 6
 7
 8
 9

Then fill in the
» matching ovals below
each box

32. Did you ever nurse any of your children?

[wevrnurs]

- No Yes

33. Please answer the following questions about your past pregnancies. Please begin with your first pregnancy and end with the most recent. Please include all pregnancies even if you did not have a live birth. (If you have had more than 6 pregnancies, please complete the information for your first 5 pregnancies, then you most recent pregnancy.)

Pregnancy number	A. Date pregnancy ended	B. How did this pregnancy end? (Mark what applies.)	C. Approximate length of pregnancy (40 weeks = full term) (Count from last menstrual period)	D. Was this a multiple (twin, triplet, etc.) pregnancy?
Pregnancy #1	<p>[wpmoend1] [wpyrend1]</p> <p>Month Year</p> <p>19 <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Jan <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Feb <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Mar <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Apr <input type="text"/> <input type="text"/></p> <p><input type="radio"/> May <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Jun <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Jul <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Aug <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Sep <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Oct <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Nov <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Dec <input type="text"/> <input type="text"/></p>	<p>[wphwend1]</p> <p><input type="radio"/> Live birth</p> <p><input type="radio"/> Death within a month after birth</p> <p><input type="radio"/> Stillbirth</p> <p><input type="radio"/> Miscarriage</p> <p><input type="radio"/> Induced abortion</p> <p><input type="radio"/> Molar</p> <p><input type="radio"/> Ectopic (tubal or otherwise the uterus)</p>	<p>[wpterm1]</p> <p><input type="radio"/> Less than 8 weeks</p> <p><input type="radio"/> 8–19 weeks</p> <p><input type="radio"/> 20–36 weeks</p> <p><input type="radio"/> 37 or more weeks</p>	<p>[wpmult1]</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p>
Pregnancy #2	<p>[wpmoend2] [wpyrend2]</p> <p>Month Year</p> <p>19 <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Jan <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Feb <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Mar <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Apr <input type="text"/> <input type="text"/></p> <p><input type="radio"/> May <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Jun <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Jul <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Aug <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Sep <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Oct <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Nov <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Dec <input type="text"/> <input type="text"/></p>	<p>[wphwend2]</p> <p><input type="radio"/> Live birth</p> <p><input type="radio"/> Death within a month after birth</p> <p><input type="radio"/> Stillbirth</p> <p><input type="radio"/> Miscarriage</p> <p><input type="radio"/> Induced abortion</p> <p><input type="radio"/> Molar</p> <p><input type="radio"/> Ectopic (tubal or otherwise the uterus)</p>	<p>[wpterm2]</p> <p><input type="radio"/> Less than 8 weeks</p> <p><input type="radio"/> 8–19 weeks</p> <p><input type="radio"/> 20–36 weeks</p> <p><input type="radio"/> 37 or more weeks</p>	<p>[wpmult2]</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p>
Pregnancy #3	<p>[wpmoend3] [wpyrend3]</p> <p>Month Year</p> <p>19 <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Jan <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Feb <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Mar <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Apr <input type="text"/> <input type="text"/></p> <p><input type="radio"/> May <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Jun <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Jul <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Aug <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Sep <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Oct <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Nov <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Dec <input type="text"/> <input type="text"/></p>	<p>[wphwend3]</p> <p><input type="radio"/> Live birth</p> <p><input type="radio"/> Death within a month after birth</p> <p><input type="radio"/> Stillbirth</p> <p><input type="radio"/> Miscarriage</p> <p><input type="radio"/> Induced abortion</p> <p><input type="radio"/> Molar</p> <p><input type="radio"/> Ectopic (tubal or otherwise the uterus)</p>	<p>[wpterm3]</p> <p><input type="radio"/> Less than 8 weeks</p> <p><input type="radio"/> 8–19 weeks</p> <p><input type="radio"/> 20–36 weeks</p> <p><input type="radio"/> 37 or more weeks</p>	<p>[wpmult3]</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p>

Pregnancy number	A. Date pregnancy ended	B. How did this pregnancy end? (Mark what applies.)	C. Approximate length of pregnancy (40 weeks = full term) (Count from last menstrual period)	D. Was this a multiple (twin, triplet, etc.) pregnancy?
Pregnancy #4	<p>[wpmoend4] [wpyrend4]</p> <p>Month Year</p> <p>19 <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Jan <input type="radio"/> 0 <input type="radio"/> 0</p> <p><input type="radio"/> Feb <input type="radio"/> 1 <input type="radio"/> 1</p> <p><input type="radio"/> Mar <input type="radio"/> 2 <input type="radio"/> 2</p> <p><input type="radio"/> Apr <input type="radio"/> 3 <input type="radio"/> 3</p> <p><input type="radio"/> May <input type="radio"/> 4 <input type="radio"/> 4</p> <p><input type="radio"/> Jun <input type="radio"/> 5 <input type="radio"/> 5</p> <p><input type="radio"/> Jul <input type="radio"/> 6 <input type="radio"/> 6</p> <p><input type="radio"/> Aug <input type="radio"/> 7 <input type="radio"/> 7</p> <p><input type="radio"/> Sep <input type="radio"/> 8 <input type="radio"/> 8</p> <p><input type="radio"/> Oct <input type="radio"/> 9 <input type="radio"/> 9</p> <p><input type="radio"/> Nov</p> <p><input type="radio"/> Dec</p>	<p>[wphwend4]</p> <p><input type="radio"/> Live birth</p> <p><input type="radio"/> Death within a month after birth</p> <p><input type="radio"/> Stillbirth</p> <p><input type="radio"/> Miscarriage</p> <p><input type="radio"/> Induced abortion</p> <p><input type="radio"/> Molar</p> <p><input type="radio"/> Ectopic (<i>tubal or otherwise the uterus</i>)</p>	<p>[wpterm4]</p> <p><input type="radio"/> Less than 8 weeks</p> <p><input type="radio"/> 8–19 weeks</p> <p><input type="radio"/> 20–36 weeks</p> <p><input type="radio"/> 37 or more weeks</p>	<p>[wpmult4]</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p>
Pregnancy #5	<p>[wpmoend5] [wpyrend5]</p> <p>Month Year</p> <p>19 <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Jan <input type="radio"/> 0 <input type="radio"/> 0</p> <p><input type="radio"/> Feb <input type="radio"/> 1 <input type="radio"/> 1</p> <p><input type="radio"/> Mar <input type="radio"/> 2 <input type="radio"/> 2</p> <p><input type="radio"/> Apr <input type="radio"/> 3 <input type="radio"/> 3</p> <p><input type="radio"/> May <input type="radio"/> 4 <input type="radio"/> 4</p> <p><input type="radio"/> Jun <input type="radio"/> 5 <input type="radio"/> 5</p> <p><input type="radio"/> Jul <input type="radio"/> 6 <input type="radio"/> 6</p> <p><input type="radio"/> Aug <input type="radio"/> 7 <input type="radio"/> 7</p> <p><input type="radio"/> Sep <input type="radio"/> 8 <input type="radio"/> 8</p> <p><input type="radio"/> Oct <input type="radio"/> 9 <input type="radio"/> 9</p> <p><input type="radio"/> Nov</p> <p><input type="radio"/> Dec</p>	<p>[wphwend5]</p> <p><input type="radio"/> Live birth</p> <p><input type="radio"/> Death within a month after birth</p> <p><input type="radio"/> Stillbirth</p> <p><input type="radio"/> Miscarriage</p> <p><input type="radio"/> Induced abortion</p> <p><input type="radio"/> Molar</p> <p><input type="radio"/> Ectopic (<i>tubal or otherwise the uterus</i>)</p>	<p>[wpterm5]</p> <p><input type="radio"/> Less than 8 weeks</p> <p><input type="radio"/> 8–19 weeks</p> <p><input type="radio"/> 20–36 weeks</p> <p><input type="radio"/> 37 or more weeks</p>	<p>[wpmult5]</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p>
Pregnancy #6	<p>[wpmoend6] [wpyrend6]</p> <p>Month Year</p> <p>19 <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Jan <input type="radio"/> 0 <input type="radio"/> 0</p> <p><input type="radio"/> Feb <input type="radio"/> 1 <input type="radio"/> 1</p> <p><input type="radio"/> Mar <input type="radio"/> 2 <input type="radio"/> 2</p> <p><input type="radio"/> Apr <input type="radio"/> 3 <input type="radio"/> 3</p> <p><input type="radio"/> May <input type="radio"/> 4 <input type="radio"/> 4</p> <p><input type="radio"/> Jun <input type="radio"/> 5 <input type="radio"/> 5</p> <p><input type="radio"/> Jul <input type="radio"/> 6 <input type="radio"/> 6</p> <p><input type="radio"/> Aug <input type="radio"/> 7 <input type="radio"/> 7</p> <p><input type="radio"/> Sep <input type="radio"/> 8 <input type="radio"/> 8</p> <p><input type="radio"/> Oct <input type="radio"/> 9 <input type="radio"/> 9</p> <p><input type="radio"/> Nov</p> <p><input type="radio"/> Dec</p>	<p>[wphwend6]</p> <p><input type="radio"/> Live birth</p> <p><input type="radio"/> Death within a month after birth</p> <p><input type="radio"/> Stillbirth</p> <p><input type="radio"/> Miscarriage</p> <p><input type="radio"/> Induced abortion</p> <p><input type="radio"/> Molar</p> <p><input type="radio"/> Ectopic (<i>tubal or otherwise the uterus</i>)</p>	<p>[wpterm6]</p> <p><input type="radio"/> Less than 8 weeks</p> <p><input type="radio"/> 8–19 weeks</p> <p><input type="radio"/> 20–36 weeks</p> <p><input type="radio"/> 37 or more weeks</p>	<p>[wpmult6]</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p>

Mark here if you have had more than 6 pregnancies.

[wp6plus]

Think back now to your last (most recent) pregnancy.

34. Did you have any of the following complications during this pregnancy? (Mark all that apply)

Pregnancy Complications	No	Yes
a. Pregnancy-induced high blood pressure [wpcomp1]	<input type="radio"/>	<input type="radio"/>
b. Gestational diabetes (diabetes just during pregnancy) [wpcomp2]	<input type="radio"/>	<input type="radio"/>
c. Preeclampsia (toxemia) [wpcomp3]	<input type="radio"/>	<input type="radio"/>
d. Placental abruption or separation (placenta separated from womb too early) [wpcomp4]	<input type="radio"/>	<input type="radio"/>
e. Placenta previa (placenta between baby and birth canal) [wpcomp5]	<input type="radio"/>	<input type="radio"/>
f. Bleeding during pregnancy [wpcomp6]	<input type="radio"/>	<input type="radio"/>
g. Premature rupture of membranes (water breaking four or more hours prior to labor) [wpcomp7]	<input type="radio"/>	<input type="radio"/>
h. Bed rest or hospitalization because of premature labor [wpcomp8]	<input type="radio"/>	<input type="radio"/>
i. C-section [wpcomp9]	<input type="radio"/>	<input type="radio"/>

35. When did you smoke during this pregnancy? (Mark all that apply)

- Never smoked during pregnancy [GO TO QUESTION 37] [wpsmoke1]
- First 3 months [wpsmoke2]
- Middle 3 months [wpsmoke3]
- Last 3 months [wpsmoke4]

36. During the time you were smoking most heavily during this pregnancy, how much did you smoke each day?

(1 pack = 20 cigarettes)

[wsmoknum]

- 10 cigarettes or less
- 11–20 cigarettes
- 21–40 cigarettes
- More than 40 cigarettes

37. Did you do any of the following tasks during your first three months of this pregnancy? (Mark all that apply)

Tasks	No	Yes
a. Mix pesticides [wtask1]	<input type="radio"/>	<input type="radio"/>
b. Apply/spray pesticides to crops [wtask2]	<input type="radio"/>	<input type="radio"/>
c. Transfer pesticides [wtask3]	<input type="radio"/>	<input type="radio"/>
d. Apply/spray pesticides to garden [wtask4]	<input type="radio"/>	<input type="radio"/>
e. Spray pesticides inside of house [wtask5]	<input type="radio"/>	<input type="radio"/>
f. Treat animals with pesticides [wtask6]	<input type="radio"/>	<input type="radio"/>
g. Repair equipment used to mix or spray pesticides [wtask7]	<input type="radio"/>	<input type="radio"/>
h. Drive a tractor [wtask8]	<input type="radio"/>	<input type="radio"/>
i. Plant [wtask9]	<input type="radio"/>	<input type="radio"/>
j. Prune [wtask10]	<input type="radio"/>	<input type="radio"/>
k. Weed [wtask11]	<input type="radio"/>	<input type="radio"/>
l. Pick/harvest [wtask12]	<input type="radio"/>	<input type="radio"/>
m. Feed animals [wtask13]	<input type="radio"/>	<input type="radio"/>
n. Butcher animals [wtask14]	<input type="radio"/>	<input type="radio"/>
o. Wash work clothes [wtask15]	<input type="radio"/>	<input type="radio"/>

III. Information About Children

Please complete the following questions about all your children who were **born since 1975** (including those who no longer live with you and any who may have died). Please start with your most recent birth.

We are requesting a Social Security Number because it will be helpful to check health records. Disclosure of Social Security Number is voluntary. Refusing to give a Social Security Number will in no way affect any rights, privileges, or benefits you or your family may have now or in the future.

Child #1 (most recent birth)

38. Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Current Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--

MI

Jr

39. Date of birth:

[wcbmo1] [wcbday1] [wcbyear1]
 Month Day Year

<input type="radio"/> Jan	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	19	<input type="radio"/> 75	<input type="radio"/> 80	<input type="radio"/> 90
<input type="radio"/> Feb	<input type="radio"/> 1	<input type="radio"/> 11	<input type="radio"/> 21	<input type="radio"/> 31	<input type="radio"/> 76	<input type="radio"/> 81	<input type="radio"/> 91
<input type="radio"/> Mar	<input type="radio"/> 2	<input type="radio"/> 12	<input type="radio"/> 22	<input type="radio"/> 77	<input type="radio"/> 82	<input type="radio"/> 92	
<input type="radio"/> Apr	<input type="radio"/> 3	<input type="radio"/> 13	<input type="radio"/> 23	<input type="radio"/> 78	<input type="radio"/> 83	<input type="radio"/> 93	
<input type="radio"/> May	<input type="radio"/> 4	<input type="radio"/> 14	<input type="radio"/> 24	<input type="radio"/> 79	<input type="radio"/> 84	<input type="radio"/> 94	
<input type="radio"/> Jun	<input type="radio"/> 5	<input type="radio"/> 15	<input type="radio"/> 25	<input type="radio"/> 85	<input type="radio"/> 95		
<input type="radio"/> Jul	<input type="radio"/> 6	<input type="radio"/> 16	<input type="radio"/> 26	<input type="radio"/> 86	<input type="radio"/> 96		
<input type="radio"/> Aug	<input type="radio"/> 7	<input type="radio"/> 17	<input type="radio"/> 27	<input type="radio"/> 87			
<input type="radio"/> Sep	<input type="radio"/> 8	<input type="radio"/> 18	<input type="radio"/> 28	<input type="radio"/> 88			
<input type="radio"/> Oct	<input type="radio"/> 9	<input type="radio"/> 19	<input type="radio"/> 29	<input type="radio"/> 89			
<input type="radio"/> Nov							
<input type="radio"/> Dec							

43. Did you ever nurse this child for at least two months? [wcnur2m1]

No Yes

44. Was this child diagnosed with any birth defect or medical condition at birth or during the first year of life? [wcdef1]

No
 Yes (Please specify.)

DO NOT WRITE OUTSIDE BOX

40. Social Security Number (if you have or can get this information)

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<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

45. When he/she lived on the farm did he/she perform many of the activities associated with farming? [wcfarm1]

No Yes
 Never lived on a farm

46. Is this child still living? [wcalive1]

No
 Yes [GO TO NEXT CHILD OR QUESTION 79]

47. If not still living, date of death:

[wcdmo1] [wcdday1] [wcdyear1]
 Month Day Year

<input type="radio"/> Jan	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	19	<input type="radio"/> 75	<input type="radio"/> 80	<input type="radio"/> 90
<input type="radio"/> Feb	<input type="radio"/> 1	<input type="radio"/> 11	<input type="radio"/> 21	<input type="radio"/> 31	<input type="radio"/> 76	<input type="radio"/> 81	<input type="radio"/> 91
<input type="radio"/> Mar	<input type="radio"/> 2	<input type="radio"/> 12	<input type="radio"/> 22	<input type="radio"/> 77	<input type="radio"/> 82	<input type="radio"/> 92	
<input type="radio"/> Apr	<input type="radio"/> 3	<input type="radio"/> 13	<input type="radio"/> 23	<input type="radio"/> 78	<input type="radio"/> 83	<input type="radio"/> 93	
<input type="radio"/> May	<input type="radio"/> 4	<input type="radio"/> 14	<input type="radio"/> 24	<input type="radio"/> 79	<input type="radio"/> 84	<input type="radio"/> 94	
<input type="radio"/> Jun	<input type="radio"/> 5	<input type="radio"/> 15	<input type="radio"/> 25	<input type="radio"/> 85	<input type="radio"/> 95		
<input type="radio"/> Jul	<input type="radio"/> 6	<input type="radio"/> 16	<input type="radio"/> 26	<input type="radio"/> 86	<input type="radio"/> 96		
<input type="radio"/> Aug	<input type="radio"/> 7	<input type="radio"/> 17	<input type="radio"/> 27	<input type="radio"/> 87			
<input type="radio"/> Sep	<input type="radio"/> 8	<input type="radio"/> 18	<input type="radio"/> 28	<input type="radio"/> 88			
<input type="radio"/> Oct	<input type="radio"/> 9	<input type="radio"/> 19	<input type="radio"/> 29	<input type="radio"/> 89			
<input type="radio"/> Nov							
<input type="radio"/> Dec							

41. Child's sex: [wcsex1]

Male Female

42. How much did this child weigh at birth?

[wcbwtlb1] [wcbwtoz1]
 Lbs. Ozs.

<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

Child #2

48. Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Current Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

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MI

Jr

49. Date of birth:

[wcbmo2] [wcbday2] [wcbyear2]
Month Day Year

<input type="radio"/> Jan	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	19	<input type="radio"/> 75	<input type="radio"/> 80	<input type="radio"/> 90
<input type="radio"/> Feb	<input type="radio"/> 1	<input type="radio"/> 11	<input type="radio"/> 21	<input type="radio"/> 31	<input type="radio"/> 76	<input type="radio"/> 81	<input type="radio"/> 91
<input type="radio"/> Mar	<input type="radio"/> 2	<input type="radio"/> 12	<input type="radio"/> 22		<input type="radio"/> 77	<input type="radio"/> 82	<input type="radio"/> 92
<input type="radio"/> Apr	<input type="radio"/> 3	<input type="radio"/> 13	<input type="radio"/> 23		<input type="radio"/> 78	<input type="radio"/> 83	<input type="radio"/> 93
<input type="radio"/> May	<input type="radio"/> 4	<input type="radio"/> 14	<input type="radio"/> 24		<input type="radio"/> 79	<input type="radio"/> 84	<input type="radio"/> 94
<input type="radio"/> Jun	<input type="radio"/> 5	<input type="radio"/> 15	<input type="radio"/> 25			<input type="radio"/> 85	<input type="radio"/> 95
<input type="radio"/> Jul	<input type="radio"/> 6	<input type="radio"/> 16	<input type="radio"/> 26			<input type="radio"/> 86	<input type="radio"/> 96
<input type="radio"/> Aug	<input type="radio"/> 7	<input type="radio"/> 17	<input type="radio"/> 27			<input type="radio"/> 87	
<input type="radio"/> Sep	<input type="radio"/> 8	<input type="radio"/> 18	<input type="radio"/> 28			<input type="radio"/> 88	
<input type="radio"/> Oct	<input type="radio"/> 9	<input type="radio"/> 19	<input type="radio"/> 29			<input type="radio"/> 89	
<input type="radio"/> Nov							
<input type="radio"/> Dec							

53. Did you ever nurse this child for at least two months? [wcnur2m2]

No Yes

54. Was this child diagnosed with any birth defect or medical condition at birth or during the first year of life? [wcbdef2]

No
 Yes (Please specify.)

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DO NOT WRITE OUTSIDE BOX

50. Social Security Number (if you have or can get this information)

			—			—				
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<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

55. When he/she lived on the farm did he/she perform many of the activities associated with farming? [wdfarm2]

No Yes
 Never lived on a farm

56. Is this child still living? [wcalive2]

No
 Yes [GO TO NEXT CHILD OR QUESTION 79]

57. If not still living, date of death:

[wcdmo2] [wccday2] [wcdyear2]
Month Day Year

<input type="radio"/> Jan	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	19	<input type="radio"/> 75	<input type="radio"/> 80	<input type="radio"/> 90
<input type="radio"/> Feb	<input type="radio"/> 1	<input type="radio"/> 11	<input type="radio"/> 21	<input type="radio"/> 31	<input type="radio"/> 76	<input type="radio"/> 81	<input type="radio"/> 91
<input type="radio"/> Mar	<input type="radio"/> 2	<input type="radio"/> 12	<input type="radio"/> 22		<input type="radio"/> 77	<input type="radio"/> 82	<input type="radio"/> 92
<input type="radio"/> Apr	<input type="radio"/> 3	<input type="radio"/> 13	<input type="radio"/> 23		<input type="radio"/> 78	<input type="radio"/> 83	<input type="radio"/> 93
<input type="radio"/> May	<input type="radio"/> 4	<input type="radio"/> 14	<input type="radio"/> 24		<input type="radio"/> 79	<input type="radio"/> 84	<input type="radio"/> 94
<input type="radio"/> Jun	<input type="radio"/> 5	<input type="radio"/> 15	<input type="radio"/> 25			<input type="radio"/> 85	<input type="radio"/> 95
<input type="radio"/> Jul	<input type="radio"/> 6	<input type="radio"/> 16	<input type="radio"/> 26			<input type="radio"/> 86	<input type="radio"/> 96
<input type="radio"/> Aug	<input type="radio"/> 7	<input type="radio"/> 17	<input type="radio"/> 27			<input type="radio"/> 87	
<input type="radio"/> Sep	<input type="radio"/> 8	<input type="radio"/> 18	<input type="radio"/> 28			<input type="radio"/> 88	
<input type="radio"/> Oct	<input type="radio"/> 9	<input type="radio"/> 19	<input type="radio"/> 29			<input type="radio"/> 89	
<input type="radio"/> Nov							
<input type="radio"/> Dec							

51. Child's sex: [wcsex2]

Male Female

52. How much did this child weigh at birth?

[wcbwtlb2] [wcbwtoz2]
Lbs. Ozs.

<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

Child #3

58. Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Current Last Name

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First Name

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MI

Jr

59. Date of birth:

[wcbmo3]

[wcbday3]

[wcbyear3]

Month

Day

Year

- | | | | | | | | |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> Jan | <input type="radio"/> 10 | <input type="radio"/> 20 | <input type="radio"/> 30 | 19 | <input type="radio"/> 75 | <input type="radio"/> 80 | <input type="radio"/> 90 |
| <input type="radio"/> Feb | <input type="radio"/> 1 | <input type="radio"/> 11 | <input type="radio"/> 21 | <input type="radio"/> 31 | <input type="radio"/> 76 | <input type="radio"/> 81 | <input type="radio"/> 91 |
| <input type="radio"/> Mar | <input type="radio"/> 2 | <input type="radio"/> 12 | <input type="radio"/> 22 | <input type="radio"/> 77 | <input type="radio"/> 82 | <input type="radio"/> 92 | |
| <input type="radio"/> Apr | <input type="radio"/> 3 | <input type="radio"/> 13 | <input type="radio"/> 23 | <input type="radio"/> 78 | <input type="radio"/> 83 | <input type="radio"/> 93 | |
| <input type="radio"/> May | <input type="radio"/> 4 | <input type="radio"/> 14 | <input type="radio"/> 24 | <input type="radio"/> 79 | <input type="radio"/> 84 | <input type="radio"/> 94 | |
| <input type="radio"/> Jun | <input type="radio"/> 5 | <input type="radio"/> 15 | <input type="radio"/> 25 | <input type="radio"/> 85 | <input type="radio"/> 95 | | |
| <input type="radio"/> Jul | <input type="radio"/> 6 | <input type="radio"/> 16 | <input type="radio"/> 26 | <input type="radio"/> 86 | <input type="radio"/> 96 | | |
| <input type="radio"/> Aug | <input type="radio"/> 7 | <input type="radio"/> 17 | <input type="radio"/> 27 | <input type="radio"/> 87 | | | |
| <input type="radio"/> Sep | <input type="radio"/> 8 | <input type="radio"/> 18 | <input type="radio"/> 28 | <input type="radio"/> 88 | | | |
| <input type="radio"/> Oct | <input type="radio"/> 9 | <input type="radio"/> 19 | <input type="radio"/> 29 | <input type="radio"/> 89 | | | |
| <input type="radio"/> Nov | | | | | | | |
| <input type="radio"/> Dec | | | | | | | |

63. Did you ever nurse this child for at least two months? [wcnur2m3]

- No Yes

64. Was this child diagnosed with any birth defect or medical condition at birth or during the first year of life? [wcbdef3]

- No
 Yes (Please specify.)

--

DO NOT WRITE OUTSIDE BOX

60. Social Security Number (if you have or can get this information)

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- | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |

65. When he/she lived on the farm did he/she perform many of the activities associated with farming? [wcfarm3]

- No Yes
 Never lived on a farm

66. Is this child still living? [wcalive3]

- No
 Yes [GO TO NEXT CHILD OR QUESTION 79]

67. If not still living, date of death:

[wcdmo3]

[wccday3]

[wcdyear3]

Month

Day

Year

- | | | | | | | | |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> Jan | <input type="radio"/> 10 | <input type="radio"/> 20 | <input type="radio"/> 30 | 19 | <input type="radio"/> 75 | <input type="radio"/> 80 | <input type="radio"/> 90 |
| <input type="radio"/> Feb | <input type="radio"/> 1 | <input type="radio"/> 11 | <input type="radio"/> 21 | <input type="radio"/> 31 | <input type="radio"/> 76 | <input type="radio"/> 81 | <input type="radio"/> 91 |
| <input type="radio"/> Mar | <input type="radio"/> 2 | <input type="radio"/> 12 | <input type="radio"/> 22 | <input type="radio"/> 77 | <input type="radio"/> 82 | <input type="radio"/> 92 | |
| <input type="radio"/> Apr | <input type="radio"/> 3 | <input type="radio"/> 13 | <input type="radio"/> 23 | <input type="radio"/> 78 | <input type="radio"/> 83 | <input type="radio"/> 93 | |
| <input type="radio"/> May | <input type="radio"/> 4 | <input type="radio"/> 14 | <input type="radio"/> 24 | <input type="radio"/> 79 | <input type="radio"/> 84 | <input type="radio"/> 94 | |
| <input type="radio"/> Jun | <input type="radio"/> 5 | <input type="radio"/> 15 | <input type="radio"/> 25 | <input type="radio"/> 85 | <input type="radio"/> 95 | | |
| <input type="radio"/> Jul | <input type="radio"/> 6 | <input type="radio"/> 16 | <input type="radio"/> 26 | <input type="radio"/> 86 | <input type="radio"/> 96 | | |
| <input type="radio"/> Aug | <input type="radio"/> 7 | <input type="radio"/> 17 | <input type="radio"/> 27 | <input type="radio"/> 87 | | | |
| <input type="radio"/> Sep | <input type="radio"/> 8 | <input type="radio"/> 18 | <input type="radio"/> 28 | <input type="radio"/> 88 | | | |
| <input type="radio"/> Oct | <input type="radio"/> 9 | <input type="radio"/> 19 | <input type="radio"/> 29 | <input type="radio"/> 89 | | | |
| <input type="radio"/> Nov | | | | | | | |
| <input type="radio"/> Dec | | | | | | | |

61. Child's sex:

- Male Female

[wcsex3]

62. How much did this child weigh at birth?

[wcbwtlb3]

[wcbwtoz3]

Lbs.

Ozs.

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- | | | | |
|---|---|---|---|
| 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 |

Child #4

68. Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Current Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

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MI

Jr

69. Date of birth:

[wcbmo4] [wcbday4] [wcbyear4]
 Month Day Year

<input type="radio"/> Jan	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	19	<input type="radio"/> 75	<input type="radio"/> 80	<input type="radio"/> 90
<input type="radio"/> Feb	<input type="radio"/> 1	<input type="radio"/> 11	<input type="radio"/> 21	<input type="radio"/> 31	<input type="radio"/> 76	<input type="radio"/> 81	<input type="radio"/> 91
<input type="radio"/> Mar	<input type="radio"/> 2	<input type="radio"/> 12	<input type="radio"/> 22	<input type="radio"/> 77	<input type="radio"/> 82	<input type="radio"/> 92	
<input type="radio"/> Apr	<input type="radio"/> 3	<input type="radio"/> 13	<input type="radio"/> 23	<input type="radio"/> 78	<input type="radio"/> 83	<input type="radio"/> 93	
<input type="radio"/> May	<input type="radio"/> 4	<input type="radio"/> 14	<input type="radio"/> 24	<input type="radio"/> 79	<input type="radio"/> 84	<input type="radio"/> 94	
<input type="radio"/> Jun	<input type="radio"/> 5	<input type="radio"/> 15	<input type="radio"/> 25	<input type="radio"/> 85	<input type="radio"/> 95		
<input type="radio"/> Jul	<input type="radio"/> 6	<input type="radio"/> 16	<input type="radio"/> 26	<input type="radio"/> 86	<input type="radio"/> 96		
<input type="radio"/> Aug	<input type="radio"/> 7	<input type="radio"/> 17	<input type="radio"/> 27	<input type="radio"/> 87			
<input type="radio"/> Sep	<input type="radio"/> 8	<input type="radio"/> 18	<input type="radio"/> 28	<input type="radio"/> 88			
<input type="radio"/> Oct	<input type="radio"/> 9	<input type="radio"/> 19	<input type="radio"/> 29	<input type="radio"/> 89			
<input type="radio"/> Nov							
<input type="radio"/> Dec							

73. Did you ever nurse this child for at least two months? [wcnur2m4]

No Yes

74. Was this child diagnosed with any birth defect or medical condition at birth or during the first year of life? [wcbdef4]

No
 Yes (Please specify.)

DO NOT WRITE OUTSIDE BOX

70. Social Security Number (if you have or can get this information)

<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0		<input type="radio"/> 0	<input type="radio"/> 0		<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0		<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1		<input type="radio"/> 1	<input type="radio"/> 1		<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1		<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2		<input type="radio"/> 2	<input type="radio"/> 2		<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2		<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3		<input type="radio"/> 3	<input type="radio"/> 3		<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3		<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4		<input type="radio"/> 4	<input type="radio"/> 4		<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4		<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5		<input type="radio"/> 5	<input type="radio"/> 5		<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5		<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6		<input type="radio"/> 6	<input type="radio"/> 6		<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6		<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7		<input type="radio"/> 7	<input type="radio"/> 7		<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7		<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8		<input type="radio"/> 8	<input type="radio"/> 8		<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8		<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9		<input type="radio"/> 9	<input type="radio"/> 9		<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9		<input type="radio"/> 9	<input type="radio"/> 9

75. When he/she lived on the farm did he/she perform many of the activities associated with farming? [wcfarm4]

No Yes
 Never lived on a farm

76. Is this child still living? [wcalive4]

No
 Yes [GO TO QUESTION 78]

77. If not still living, date of death:

[wcdmo4] [wcdday4] [wcdyear4]
 Month Day Year

<input type="radio"/> Jan	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	19	<input type="radio"/> 75	<input type="radio"/> 80	<input type="radio"/> 90
<input type="radio"/> Feb	<input type="radio"/> 1	<input type="radio"/> 11	<input type="radio"/> 21	<input type="radio"/> 31	<input type="radio"/> 76	<input type="radio"/> 81	<input type="radio"/> 91
<input type="radio"/> Mar	<input type="radio"/> 2	<input type="radio"/> 12	<input type="radio"/> 22	<input type="radio"/> 77	<input type="radio"/> 82	<input type="radio"/> 92	
<input type="radio"/> Apr	<input type="radio"/> 3	<input type="radio"/> 13	<input type="radio"/> 23	<input type="radio"/> 78	<input type="radio"/> 83	<input type="radio"/> 93	
<input type="radio"/> May	<input type="radio"/> 4	<input type="radio"/> 14	<input type="radio"/> 24	<input type="radio"/> 79	<input type="radio"/> 84	<input type="radio"/> 94	
<input type="radio"/> Jun	<input type="radio"/> 5	<input type="radio"/> 15	<input type="radio"/> 25	<input type="radio"/> 85	<input type="radio"/> 95		
<input type="radio"/> Jul	<input type="radio"/> 6	<input type="radio"/> 16	<input type="radio"/> 26	<input type="radio"/> 86	<input type="radio"/> 96		
<input type="radio"/> Aug	<input type="radio"/> 7	<input type="radio"/> 17	<input type="radio"/> 27	<input type="radio"/> 87			
<input type="radio"/> Sep	<input type="radio"/> 8	<input type="radio"/> 18	<input type="radio"/> 28	<input type="radio"/> 88			
<input type="radio"/> Oct	<input type="radio"/> 9	<input type="radio"/> 19	<input type="radio"/> 29	<input type="radio"/> 89			
<input type="radio"/> Nov							
<input type="radio"/> Dec							

78. Mark here if you have had more than 4 births since 1975. [w4plusb4]

71. Child's sex:

Male Female

[wcsex4]

72. How much did this child weigh at birth?

[wcbwtlb4] [wcbwtoz4]
 Lbs. Ozs.

<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
	<input type="radio"/> 2		<input type="radio"/> 2
	<input type="radio"/> 3		<input type="radio"/> 3
	<input type="radio"/> 4		<input type="radio"/> 4
	<input type="radio"/> 5		<input type="radio"/> 5
	<input type="radio"/> 6		<input type="radio"/> 6
	<input type="radio"/> 7		<input type="radio"/> 7
	<input type="radio"/> 8		<input type="radio"/> 8
	<input type="radio"/> 9		<input type="radio"/> 9

For confidentiality, this page will be stored separately from your responses to this survey.

79. Please write your name, birth date, and telephone number below:

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Last Name	First Name	MI
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Maiden Name (if applicable)		
<input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Month Birth Date	Day	Year
Area Code Phone Number	Telephone	

80. Do you have any additional comments?
 No Yes (Please use space below and on the back to explain.)

Additional Comments:

81. Today's date?

Month	Day	Year
<input type="radio"/> Jan	<input type="radio"/> 10 <input type="radio"/> 20 <input type="radio"/> 30	<input type="radio"/> 1993
<input type="radio"/> Feb	<input type="radio"/> 1 <input type="radio"/> 11 <input type="radio"/> 21 <input type="radio"/> 31	<input type="radio"/> 1994
<input type="radio"/> Mar	<input type="radio"/> 2 <input type="radio"/> 12 <input type="radio"/> 22	<input type="radio"/> 1995
<input type="radio"/> Apr	<input type="radio"/> 3 <input type="radio"/> 13 <input type="radio"/> 23	<input type="radio"/> 1996
<input type="radio"/> May	<input type="radio"/> 4 <input type="radio"/> 14 <input type="radio"/> 24	
<input type="radio"/> Jun	<input type="radio"/> 5 <input type="radio"/> 15 <input type="radio"/> 25	
<input type="radio"/> Jul	<input type="radio"/> 6 <input type="radio"/> 16 <input type="radio"/> 26	
<input type="radio"/> Aug	<input type="radio"/> 7 <input type="radio"/> 17 <input type="radio"/> 27	
<input type="radio"/> Sep	<input type="radio"/> 8 <input type="radio"/> 18 <input type="radio"/> 28	
<input type="radio"/> Oct	<input type="radio"/> 9 <input type="radio"/> 19 <input type="radio"/> 29	
<input type="radio"/> Nov		
<input type="radio"/> Dec		

Thank You For Your Time and Effort In Completing This Questionnaire.

PLEASE RETURN YOUR COMPLETED FORM IN THE POSTAGE-PAID ENVELOPE PROVIDED WITH THIS BOOKLET.